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CONFIRMATION NO. 4890

SERIAL NUMBER 10/087,697	FILING OR 371(c) DATE 03/01/2002 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. D-2998
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/272,054 03/01/2001 * (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

HD *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/04/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>HD</i> Examiner's Signature <i>Initials</i>
STATE OR COUNTRY	CA
SHEETS DRAWING	2
TOTAL CLAIMS	27
INDEPENDENT CLAIMS	2

ADDRESS

33197

TITLE

System for vision examination utilizing telemedicine

FILING FEE RECEIVED 433	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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